									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2003												831	~ Y	
CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN		
	TAL CLAIMS		(Column 1) (Colum			mn 2) -		TYPE_			OF	SMALL		
 			3-				7.	RAT		- · FE:E-:		RATE-	FEE-	
FÒ	R		- NUMBER	FILED =	NUMB	ER EXTRA BA		BASIC	FEE	385.00	OR	BASIC FEE	-770.00	
то	TAL CHARGEA	BLE CLAIMS	√ 3minus 20= * 7			بح	XS			297	OR	XS18=		
IND	EPENDENT CL	AIMS ·	? - minus 3 =			<u>, /.</u>		- X43	=	:: 	OR	X86=	~ .	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					±145			OR	÷290≃.		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA		<0.2	OR	TOTAL		
CLAIMS AS AMENDED - PART II								1017	_	29 C	1011	OTHER	THAN	
· -		(Column 1)	,	(Column 2) (Column 3)				SMAI	LL E	ENTITY.	OR	SMALL	•	
A	·	CLAIMS REMAINING		HIGH NUM		PRESENT		D.4.7	_	ADDI-		DATE	ADDI-	
ENT	-	AFTER AMENDMENT		PREVIO PAID	OUSLY FOR	.EXTRA		RATI		TIONAL FEE		RATE	TIONAL FEE_	
AMENDMENT	Total	*	Minus	**		=		XS 9	=	- •	ÓВ	X\$18=		
ME	Independent	*	Minus	***	September 10 July 2000	=		X43=	=		OR	X86=		
\ L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			146				+290=		
								.+145			OR	TOTAL	<u> </u>	
· ·	* * *			ADDIT. F	_	-	OR	ADDIT. FEE						
-		(Column 1)	- man was	(Colur	nn 2) EST	(Column 3)	1- "	-	-	4 D D I			ADDI-	
<u>@</u>		REMAINING			BER 🔔	PRESENT		RAT	Ε	ADDI-	****	RATE	TIONAL	
ENT		AMENDMENT		PAID		EXIFA				FEE .		·	FEE	
AMENDM	Total	* = : ;	Minus	**		= .		- X\$ 9	= :	rajuta.	OR	X\$18=		
ME	Inaependent	*: 1, 11, 11, 11	Minus	***		=		X43:	_ ;	The spirit of the spirit part	OR.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
l	+145=											TOTAL	•	
			ADDIT. F		,	OR	ADDIT. FEE							
 	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								. 1		i I		4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
D W	Total	*	Minus	**		=.		X\$ 9:	=		OR	X\$18=		
WE WE	Independent	*	Minus	***		=		X43=				X86=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		1				OR			
+145=											OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
"	if the "Highest Nu The "Highest Num	mber Previously Pa aber Previously Pa	aid For" IN THI id For" (Total o	IS SPACE r Independ	is less tha ent) is the	in 3, enter "3." e highest numb	er fo	und in the	app	propriate box	x in co	lumn 1.		